

Division	Section	Agency No. Organization and Reporting Category 360	Domicile	Date of Request	Effective Date
Name of Employee				Trip Number	
Title of Position				Personnel Number	

Home Address

Type of Authorization (Complete Detail Estimation Section) <input type="checkbox"/> Single Trip	<input type="checkbox"/> Travel Privileges (Complete reverse) <input type="checkbox"/> Advance Request	Special Approvals <input type="checkbox"/> 75% Actual Routine Lodging	<input type="checkbox"/> Weekend Travel	<input type="checkbox"/> 50% Actual Routine Lodging	<input type="checkbox"/> Out of State	<input type="checkbox"/> Actual Conference Lodging
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Purpose of Trip or Necessity for Travel

Employee's Signature

DETAIL ESTIMATION OF TRAVEL EXPENSES: (For Single Trip, Out-of-State Travel or Advance)

Air Fare		\$	
Personal Car	Miles at 51 Cents Per Mile	\$	
Rental Car		\$	
Limousine, Taxi, Etc.		\$	\$
Subsistence	Lodging	\$	
	Meals	\$	\$
Tolls and Parking			\$
Tips			\$
Other Expenses	Registration Fees	\$	
		\$	\$
TOTAL ESTIMATED REQUIRED EXPENDITURE			\$

I hereby certify that the prescribed duties of the position and the incumbent thereof as specified above necessitate travel expenditures of the nature and amount herein specified for which authorization is hereby requested under the provisions of law and regulation.

Manager Signature

Director/Section Administrator Signature

Print/Type Name

Print/Type Name

Authorized by Department Head
or Designee

TRAVEL ADVANCE AGREEMENT

If a Travel Advance is received in conjunction with the criteria outlined in PPM49 Section 1503.B. "Funds for Travel Expenses" and DCFS Travel Policy 1-14, the following guidelines shall apply:

1. A paper Travel Expense Form (PMF 110) with all required receipts, approvals, waivers, etc., must be completed and submitted to the DCFS Travel Unit no later than the 10th day following the completion of travel. Indicate "**TRAVEL ADVANCE REPORT**" on the Travel Expense Form (PMF 110) next to the dates in the "FOR PERIOD" section. **DO NOT ENTER THE EXPENSE REPORT IN THE SELF ENTRY ISIS TRAVEL SYSTEM.** Scan or email the paper Travel Expense Form (PMF 110) and attachments to the DCFS Travel Unit at DCFSTravel@la.gov. Indicate your Personnel Number, Name and Travel Advance Report in the subject line.
2. If actual expenses are more than the advance, upon receipt and audit of the expense report, a check for the difference will be issued.
3. If actual expenses are less than the amount of the advance, a personal check or money order for the difference must be attached to the Travel Expense Form (PMF110). The check/money order must be payable to DCFS. In the memo section indicate "Travel Advance, Personnel Number, Last Name and trip dates". Submit the Travel Expense Form and attachments (approvals, receipts, waivers, etc.) to the following address:

Department of Children and Family Services
Attention: Travel Unit
P.O. Box 3927
Baton Rouge, LA 70821

4. The Travel Expense Form (PMF 110), receipts, approvals, and waivers will be audited. Depending on audit findings the Travel Expense Form (PMF 110) may require corrections and/or changes in the amount submitted for clearance of the travel advance. You will be contacted by the DCFS Travel Unit for any modifications.
5. If there are questions regarding the clearance or repayment of travel advances, please contact the DCFS Travel unit at DCFSTravel@la.gov.

ACCEPTANCE STATEMENT

Employee Signature

Date